

Kansas Department of Health and Environment Division of Environment Bureau of Air and Radiation

ELECTROPLATING (do not use for chromium electroplating)

1)	Source ID Number:
2)	Company/Source Name:
3)	Emission Units Identification:
4)	Date of Construction, modification, or reconstruction:
5)	Number of tanks: Capacity of each tank (gal.): Dimensions of tanks : (L x W x D) ft x ft Surface area of each tank: (L x W) sq. ft.
6)	Plating material: Does bath component contain wetting agent: Yes No If yes, chemical name of wetting agent: Does bath contain chemical fume suppressant with a wetting agent: Average immersion time: min Normal Operating Schedule: hrs/year
7) * Iı	Cleaning: Vapor degreasing; -quantity of solvent used annually/kind of solvent* Soaking in solvent; -quantity of solvent used annually/kind of solvent* Alkaline bath; Electrocleaning; Pickling; nclude MSDS sheets.
8)	Type of capture equipment:
9)	Emissions discharge to atmosphere ft. above grade through stack or duct ft. diameter at ° F temperature, with cfm flow rate and fps velocity.
10)	For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as needed Be sure to indicate the emission unit that the control equipment is affecting.